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PTO/SB/21 (04-07)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/735,340	
	Filing Date	December 12, 2003	
	First Named Inventor	Adam GOLD	
	Art Unit	3734	
	Examiner Name	M. Mendoza	
Total Number of Pages in This Submission	7	Attorney Docket Number	506512002100

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing – 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (Restriction Requirement) – 3 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

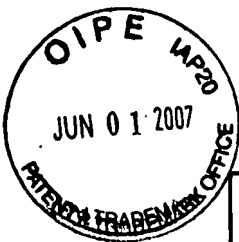
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Lisa A. Amii		
Date	June 1, 2007	Reg. No.	48,199

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377984074 US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 1, 2007

Signature: (Lori Sims)



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FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/735,340
		Filing Date	December 12, 2003
		First Named Inventor	Adam GOLD
		Examiner Name	3734
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	M. Mendoza
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	506512002100

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over-20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 37 - 37 = 0 x 50.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
360.00	0.00

Indep. Claims 9 - 9 = 0 x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u>	<u> </u>	<u> </u>	<u>250.00</u>	<u>0.00</u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>	120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,199
Name (Print/Type)	Lisa A. Amii	Telephone	(650) 813-5674
		Date	June 1, 2007